

## Letter to Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Katonah-Lewisboro Schools** offers healthy meals every school day. Lunch costs **\$3.00** at the Secondary Schools and **\$2.75** at the Elementary Schools. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:  
Kim Parks  
District Treasurer  
Katonah Lewisboro Schools  
P.O. Box 387  
Katonah, New York 10536  
PH. 914-763-7006 or Fax 914-763-7035
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Categorical eligibility for free meal benefits is extended to all children in a household when the application lists an Assistance Program's case number for any household member. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Households with children who are categorically eligible through an Other Source Categorically Eligible designation, as defined by law, may be eligible for free benefits and should contact the SFA for assistance in receiving benefits.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Foster children may also be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Marisa Merlino, Director of Counseling/Homeless Coordinator at 914-763-7226** to see if they qualify.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school social worker if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first 30 operating days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to:

Andrew Selesnick  
Superintendent of Schools  
Katonah Lewisboro Schools  
P.O. Box 387  
Katonah, New York 10536

12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**2018-2019 INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

**REDUCED PRICE ELIGIBILITY INCOME CHART**

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
*Each Add'l person add	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

**How to Apply:** To get free or reduced price meals for your children carefully complete one application following the instructions for your household and return it to the designated office listed on the application. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for any household member, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application. No application is necessary if the household was notified by the SFA their children have been directly certified. If the household is not sure if their children have been directly certified, the household should contact the school.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Meal Service to Children With Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

**Confidentiality:** The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

**Reapplication:** You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,



Danelle Placella  
School Business Administrator

**2018-2019 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call 914-763-7006, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Kim Parks, District Treasurer**  
**Katonah-Lewisboro UFSD**  
**PO Box 387**  
**Katonah, NY 10536**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: \_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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### PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

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### PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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### PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/TANF/FDPIR case number:** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

**Foster Child:** A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

**Household:** A group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members:** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent:** A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

**Current Gross Income:** Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

**Examples of gross income are:**

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Kim Parks  
District Treasurer  
914 763-7006

## **POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

The Katonah-Lewisboro Union Free School District, responsible for administration of one or more schools referred to as the school food authority (SFA), has entered into agreement to participate in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program and accepts responsibility for providing free and reduced price meals and/or free milk to eligible children in the schools under its jurisdiction.

The SFA assures the State Education Department that it will uniformly implement the following policy with respect to determining the eligibility of children for free and reduced price meals in each school building under its jurisdiction that participates in the programs mentioned above.

In fulfilling its responsibilities, the SFA agrees to the following:

### **A. Free Meals and (For Milk Only Schools) Free Milk**

To serve meals or milk at no charge to children from families whose income is at or below the income levels for free meals and milk listed on the annual income eligibility guidelines, or to children from Supplemental Nutrition Assistance Program (SNAP) households, Temporary Assistance to Needy Families (TANF) households, households participating in the Food Distribution Program on Indian Reservations (FDPIR) that provide a case number, or households that are identified through the SNAP/MEDICAID Direct Certification Matching Process.

### **B. Reduced Price Meals**

To serve breakfast and/or lunch at a reduced price of \$.25 or less, to children from families whose income is within the range of the annual income eligibility guidelines for reduced price meals.

### **C. Special Conditions**

To serve free meals/milk to foster children in cases where the court or welfare agency is legally responsible for the child. Documentation from an appropriate State or local agency supports the foster child's status. Foster children are categorically eligible for free meals and may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members can help other children in the household qualify for free or reduced price meals. If the foster family is not eligible for free or reduced price meal benefits, the foster child will still be provided free meal benefits.

To provide free or reduced price meals or free milk to children whose parents or guardians have become unemployed, provided the loss of income causes the family income during the period of unemployment to be within the eligibility criteria. These students must be approved using one of the methods noted in this eligibility guidance booklet.

### **D. Non-Discrimination**

1. That there will be no physical segregation of, or any other discrimination against, any child because of his/her inability to pay the full price of the meal or milk. LEAs selling competitive foods during a meal service are encouraged to include in the description of how the cafeteria and meal service prevents overt identification of the children receiving free and reduced price meals or free milk. The names of children eligible to receive free or reduced price meals or free milk shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens or tickets, or by any other means. Further assurance is given that children eligible for free or reduced price meals or free milk shall not be required to:

- Work for their meals or milk.
  - Use a separate lunchroom.
  - Go through a separate serving line.
  - Enter the lunchroom through a separate entrance.
  - Eat meals or drink milk at a different time.
  - Eat a meal different from the meal sold to children paying the full price for the same meal or drink milk different from that sold to children paying the full price.
2. That in the operation of Child Nutrition Programs, no child shall be discriminated against because of his or her race, sex, age, color, disability, national origin, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

## E. Hearing Procedures

To establish and use a fair hearing procedure in cases of appeal by parents of the school's decision on applications and in cases where the school official challenges the accuracy of information contained in an application or of the continued eligibility of any child for a free or reduced price meal or free milk. During appeal, hearing, and disposition of the case, the child will receive free or reduced price meals or free milk.

To maintain, for a period of three years plus the current year, records of all such appeals, challenges, and dispositions.

That in initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted on the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

That the hearing procedure shall provide:

1. A simple, publicly announced method for making an oral or written request for a hearing;
2. An opportunity to be assisted or represented by an attorney or other person in presenting an appeal;
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;
4. That the hearing shall be held with reasonable promptness and convenience and that adequate notice shall be given as to the time and place of the hearing;
5. An opportunity to present oral or documentary evidence and arguments supporting the position;
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
7. That the hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previous conference;
8. That the decision of the hearing official, who may not be the same person as the reviewing and/or the verification official, shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record;
9. That the parties concerned and their designated representative shall be notified in writing of the decision of the hearing official;
10. That a written record shall be prepared with respect to each hearing which shall include: the decision under appeal; any documentary evidence and a summary of any oral testimony presented at the hearing; the decision of the hearing official, including the reasons therefore and a copy of the notification to the parties concerned of the decision of the hearing official; and
11. That such written record of each hearing shall be preserved for a period of three years plus the current year and shall be available for examination by the parties concerned or their representative at any reasonable time and place during such period.



## **F. Reviewing Official**

A reviewing official shall review and make determinations of eligibility using the criteria outlined in this policy to determine which individual children are eligible for free or reduced price meals or free milk. The official should sign, date, and indicate the eligibility determination on each application.

## **G. Notice to Parents**

To send at the beginning of each school year, and whenever there is an increase in eligibility, to the parent or guardian of each child, a letter such as the prototypes in Attachment VII, VIII, or IX including a form on which to make application for free or reduced price meals or free milk, and a parent disclosure letter and consent statement.

## **H. Applications**

To advise parents to complete the application and return it to the reviewing official for eligibility determination.

To maintain applications and documentation of action taken, for three years after the end of the school year to which they pertain.

To accept applications at any time during the year and to supply applications to any parent enrolling a child in a school for the first time.

To accept the application of a child who transfers from one school to another under the jurisdiction of the SFA. Copies of the application and eligibility dates should be retained with the records of both schools. The application from the transfer student from another SFA should be reviewed to ensure that it is correctly approved.

To inform parents of eligibility determinations. Parents must be notified in writing of the reason(s) for denial of their application, notification of the right to appeal, instructions on how to appeal, and a reminder to parents that they may reapply for free and reduced price benefits at any time during the school year. Copies of denial letters to parents must be maintained for three years plus the current year.

## **I. Verification of Applications**

Verify the eligibility of applicant households **by November 15** in accordance with program regulations and annually maintain records.

## **J. Anonymity and Accountability**

To establish a procedure to collect money from children who pay for their meals or milk which prevents overt identification, and accounts, at the point of service, for the number of free, reduced and full price meals served or the number of half-pints of free and full price milk served. The procedure(s) adopted will be used in order that no other child in the school will consciously be made aware, by such procedure, of the identity of the children receiving reduced price meals, free meals, or free milk. The LEA will develop measures to prevent disclosure of confidential free and reduced price eligibility information as required and include the steps with this policy statement.

## **K. Amendments to Policies**

To submit to the State Education Department any alterations or amendments to the policy including eligibility criteria, applications, public announcements, etc., for approval prior to implementation. Such changes will be effective following approval by the NYSED Child Nutrition Program Administration office. Any and all changes

in eligibility criteria shall be publicly announced in the same manner used at the beginning of the school year. Changes in content to any prototype documents from this guidance booklet require prior State Agency approval.

#### **L. Records**

To maintain a file of the following records for three years plus the current year after the end of the fiscal year to which they pertain:

1. All eligibility determinations obtained through the Direct Certification Matching Process (DCMP) (SNAP, Medicaid, Foster)
2. All applications and documents to support homeless, migrant, head start, etc.
3. Records of all appeals and challenges and their disposition.
4. All notifications of eligibility determinations, including denial letters.
5. Records of all verification efforts and resulting eligibility changes.

#### **M. Public Release**

At the beginning of the school year, a public release containing the same information supplied to parents and including both free and reduced price eligibility criteria should be provided to the media (local newspaper), the local unemployment office, and any major employers contemplating large layoffs in the areas from which the school draws its attendance. Documentation must be kept on file for three years plus the current year identifying where the public release was sent.

#### **N. Special Assistance - Provision 2 and Community Eligibility Provision**

Provision 2: In schools where all enrolled children, regardless of their category of eligibility, are served meals at no charge; notify parents, distribute, and certify applications for free and reduced price students once every four consecutive school years. For three years after the base year, the school is not required to count meals served by category for claiming purposes. After the base year, the building's monthly reimbursement is based on total meal counts and monthly claim statistics from the base year. Maintain accountability and record keeping requirements as mandated by program regulations for this alternate reimbursement system.

\* If your school year begins in September, you must notify your Child Nutrition representative by September 1, 2018 if you intend to participate in Provision 2 for the 2018-2019 school year. If your school year begins in July, you must notify us by July 1, 2018.

Community Eligibility Provision: Schools where at least 40 percent of enrolled students have been deemed free eligible through a means other than an income application (i.e., directly certified using electronic SNAP/Medicaid, homeless, migrant, runaway, foster, and head start) as of April 1, 2018, may participate in the Community Eligibility Provision for the 2018-2019 school year. The schools will receive reimbursement in the free and paid category based on the percentage of directly certified students as noted above times a multiplier (as written in federal regulation). For more details about participation and how to apply, please see the CEP Memo on the Child Nutrition Knowledge Center website

#### **O. Administrative Prerogative**

In certain circumstances when households fail to apply for free or reduced price meals, the nutritional needs of students who are obviously at an economic disadvantage may be addressed by local officials.

Using administrative prerogative, local officials may complete an application for a student known to be eligible if the household had applied. This limited use option acknowledges the various reasons that a family may fail to apply for free or reduced price meals, such as lack of understanding, fear of authority, alien status, substance abuse, etc.

To exercise this option properly, an application must be completed on behalf of the student, based on the best family size and income information available. The source of this information must be noted on the application. Documented prior efforts must be made by the SFA to obtain a completed application from the parent or guardian.

The names of all household members, a social security number, or an adult signature need not be secured. Instead, the name of the student, household size, estimated family income including source, and the administrator's signature must be provided. The household must be notified of the student's approval status for free or reduced price meals. These applications should be excluded from the verification process.

This option must be used **judiciously and only after repeated efforts to obtain applications from families have been unsuccessful**. It is to be used on an individual basis and must not be used to provide eligibility determinations for large numbers of students. It also may not be used when family income is above the eligibility guidelines, even though the children are coming to school without a meal or money. Family economic status must remain the criterion for administratively making the decision to provide the student access to free or reduced price meals.

#### P. Meal Eligibility for Homeless/Migrant/Runaway Children

Children who are categorically eligible under Other Source Categorically Eligible Programs should contact the school for assistance in receiving benefits and indicate the source of their status on the application.

The United States Department of Agriculture (USDA) has acknowledged that the number of homeless, migrant and runaway children has risen considerably in the last few years, that parents/guardians who are homeless or migrant often fail to return a free meal application, and these children are often not included in the direct certification process. While administrators can exercise the administrative prerogative option for determining program eligibility, this process is only intended to be exercised on a case-by-case basis and becomes burdensome in areas where there are many homeless/runaway children residing in shelters or migrant status children. USDA has therefore established the following procedures for all Child Nutrition Programs when an application is not submitted by the household or it is not anticipated that an application will be submitted:

- The migrant coordinator, homeless liaison or runaway provider may provide you with a list of eligible children based on established criteria. The list must be dated and signed by the coordinator, liaison or provider. These children are then directly certified for free meals for the school year. No other documentation is needed. This is the preferred option.

Other options:

- The director of the homeless shelter at which the child resides can complete and submit an application for the child, or send a list of all children residing in the shelter to the school;
- Local level officials may complete an application for a child and approve the child for free meals based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless;
- If large numbers of homeless children make it impractical for a homeless shelter or school officials to complete individual applications, the school administrator may establish a list of eligible students based on his/her knowledge of the family's residence (shelter, address, car, etc.). The documentation necessary to substantiate free meal eligibility for a list of children must contain at a minimum the following information:
  - The child's name
  - The effective date of eligibility determination
  - The name of the shelter, etc., where the child resides
  - The signature of the determining official

- Documentation of migrant status children should be maintained by the school migrant coordinator as documentation to substantiate free meal eligibility. This should include the date, the child's name, and signature of the migrant coordinator. For a list of contacts in your school, go to [www.nysteaches.org](http://www.nysteaches.org).

#### Q. Food Distribution Program on Indian Reservation (FDPIR)

Public and nonpublic schools participating in the School Lunch, Breakfast, or Special Milk Programs may accept a Food Distribution Program on Indian Reservation (FDPIR) case number in lieu of household income, SNAP or TANF number.

#### R. Food Substitutions for Children With Disabilities

Federal regulations governing the operation of Child Nutrition Programs and Section 504 of the Rehabilitation Act of 1973 require that children with disabilities be offered the opportunity to participate in all academic and nonacademic activities including the school nutrition programs. To ensure that these children are not denied reasonable access to the programs, the Department of Agriculture's regulations require schools and institutions to make reasonable accommodations, such as providing substitutions in the regular meal patterns, for children who have a disability and whose disability restricts their diet. A student with a disability is defined in 7 CFR part 15b.3 as one who has "... a physical or mental impairment which substantially limits one or more major life activities..." Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Accordingly, meal substitutions must be made for children with disabilities and must be supported by a statement signed by the physician attesting to the need for the substitutions and recommending alternate foods. These meals must be offered at no extra charge. Substitutions may also be made for non-disabled children who are unable to consume the regular meal because of medical or other special dietary needs, though schools are not required to do so in these instances. Substitutions for non-disabled children must be supported by a statement signed by a recognized medical authority. **Children with disabilities are not automatically eligible for free meal benefits.** Parents must adhere to the same income eligibility criteria and procedures used for all children.

#### S. Limited English Proficient (LEP) Households

LEAs will ensure there are no barriers for participation in Child Nutrition Programs for Limited English Proficient (LEP) families and must communicate with parents and guardians in a language they can understand throughout the certification and verification processes.

#### T. Meal Charge Policy

LEAs will establish a written and clearly communicated policy to address student meal charges when payment cannot be collected at the point of service. Charge policies will be reasonable, well-defined and maintain the integrity and dignity of students and households to minimize harm to the student.

#### U. Prohibition Against Meal Shaming Plan

LEAs will establish a written and clearly communicated plan that ensures a student whose parent or guardian has unpaid meal charges is not shamed or treated differently than a student whose parent or guardian does not have unpaid school meal charges. The plan will include the requirement to provide students with the reimbursable meal of their choice and identify other prohibited actions to decrease student distress or the embarrassment associated with not having adequate funds to pay for a school meal.

#### V. Program Terminations: To provide 60 days advance written notice to parents and to immediately inform the NYSED Child Nutrition Program Administration of intent to discontinue participation in NSLP/SBP.